



# SOUTHERN VIEW POLICE DEPARTMENT CITIZEN COMPLAINT FORM

<b>Complainant's Name:</b> _____ <b>Date of Birth:</b> _____	<b>Complaint Taken:</b> 1. In Person 4. Via 2. By Phone 3. Via Letter	<b>File Number:</b>
<b>Complainant's Address:</b> _____ <b>Cell/Home Phone</b> _____ <b>Street/Apartment#</b> _____ <b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____		
<b>Witness Names:</b>	<b>Complete Address:</b>	<b>Phone(s):</b>
_____	_____	_____
_____	_____	_____
<b>Officer's Name: (If known)</b>	<b>Badge #:</b>	<b>Squad Description:</b>
_____	_____	_____
_____	_____	_____
<b>Nature of Complaint:</b> _____ _____ _____ <span style="float:right">Continue on page 2.</span>		
<b>Location of Incident:</b>	<b>Date:</b>	<b>Time:</b>
<p>The Southern View Police Department recognizes the need for the filing of legitimate complaints against officers as a means by which they can be held accountable to the public; however, the Department will also seek to hold members of the public responsible for the filing of false allegations against police officers. In the event your complaint gives rise to formal disciplinary action against one of our officers you will be required to sign a sworn affidavit specifically alleging the officer's misconduct.</p>		
<b>Complainant's Signature:</b> _____ <b>Date:</b> _____ <b>Time:</b> _____		
<b>Parent/Guardian Signature:</b> _____ <b>Date:</b> _____ <b>Time:</b> _____ <small>*If under the age of 18, form must be signed by parent or guardian</small>		
<b>ACCEPTING SUPERVISOR'S Signature:</b> _____ <b>Date:</b> _____ <b>Time:</b> _____		
<input type="checkbox"/> <b>Disposition → Investigated by First Line Supervisor and the Disposition is as follows</b> _____ <b>Date</b> _____		
<input type="checkbox"/> <b>Forwarded to IA Supervisor for Investigation.</b> <b>Date</b> _____		
<b>Complaint Assigned to</b> _____ <b>for Investigation.</b> <b>Date</b> _____		
<small>ORIGINAL: Chief of Police      PHOTOCOPIES TO: Investigating Supervisor, Complainant</small>		

